

about this field experience, the majority of students mentioned 'exposure to something new.' Other students appreciated 'observing the strong rapport and interpersonal interaction between the CAM practitioner and patient' and 'seeing first hand that CAM benefits patients in many ways.' In the future, we plan to make this experience part of the clerkship for all students.

*Correspondence:* Laura Torbeck PhD, K302 Kentucky Clinic, Lexington, Kentucky 40536-0284, USA. Tel: 00 1 859 323 6581; Fax: 00 1 859 323 6661; E-mail: ltorb2@uky.edu, ltorb2@yahoo.com.  
doi: 10.1111/j.1365-2929.2004.02000.x

### Designing health plan benefits: a simulation exercise

*Carole W Keefe & Susan D Goold*

**Context and setting.** We aimed to provide Year 2 medical students in an introductory health policy module with an opportunity to actively consider and discuss decisions payers and policy makers have to make in designing health plan benefit packages within the constraints of limited resources.

**Why the idea was necessary** The Association of American Medical Colleges Medical School Objectives Project was implemented to help prepare new doctors to meet society's changing expectations of them. Among the objectives developed for the medical school experience was 'knowledge of the various approaches to the organisation, financing and delivery of health care'. We wanted to give students in a health policy module an opportunity to make decisions about health care coverage, understand the consequences of those decisions, and to discuss and reflect upon their decisions with other students.

**What was done** We used the simulation exercise CHAT© (Choosing Health Plans All Together©), developed by Danis and Goold. Nine groups of 10–11 medical students met with a facilitator for 2 rounds of the exercise. First, each student designed a basic benefit package for him/herself and their family. Students could purchase up to 15 types of health benefits at basic, medium or high levels with limited health care insurance resources (50 pegs). In the second round, the small group worked together to design a basic benefit package for a whole community. After both rounds students tested their earlier benefit choices by drawing 'event cards' representing possible health scenarios. They discussed the coverage they had chosen in light of these 'experiences'.

**Evaluation of results** The community benefit packages designed by the small groups were remarkably

similar. The top 6 benefit rankings were primary care, hospitalisation, home health, specialty care, mental health care, and pharmacy. Only 1 group purchased infertility treatment and none of the groups covered complementary medicine.

Students liked the interactive exercise. Most of the 93 students evaluated the game as very or fairly enjoyable (97%), and 94% said they would recommend the CHAT game to others. Faculty facilitators reported that the students actively engaged in the group process and discussed reasons for and against the purchase of various benefits. In subsequent weeks, as students studied various aspects of health policy, they were able to reflect upon the experience of actively making decisions about competing health and medical care needs given finite resources.

*Correspondence:* Carole W Keefe PhD, Office of Medical Education Research and Development, A 206 East Fee Hall, Michigan State University, East Lansing, Michigan 48824-1316, USA. Tel: 00 1 517 353 9656; Fax: 00 1 517 353 3146; E-mail: ckeefe@msu.edu.

doi: 10.1111/j.1365-2929.2004.02001.x

### Interacting factors of students' perceptions on an effective curriculum

*A P Fan, C H Chen & L T Ho*

**Context and setting** In order to achieve the most desirable outcomes from our newly implemented problem-based learning (PBL) programme, this study examined and analysed the underlying factors behind students' opinions of the programme.

**Why the idea was necessary** Previous studies have presented students' attitudes and experiences towards the PBL curriculum by reporting students' feedback surveys. However, few have analysed the underlying interactions among the factors. In a student-centred and self-directed learning activity, any underlying factor that affects students' perceptions may affect their motivation in participation, and thereby the programme's success.

**What was done** We assessed the opinions of 75 Year 4 medical students on the National Yang-Ming University's 7-year medical school programme by questionnaire. The resulting data were analysed and correlation analyses performed on the associations among the students' evaluations of facilities and various dynamic features of the curriculum. Information obtained included opinions on classroom and library conditions, availability of resources, roles of tutors and their involvement, self- and peer